

1. **DATA**
2. **NAME**
3. **ADDRESS**
4. **CITY**

REG: C1, C170PS, C1/04, S1, DPSEP, W-1, 01, VME

10 BLOCK

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ACQUATIC LIMBERACK

REF MEKI 6777 (IN 83849)

PLEASE FORWARD FOR HQS APPROVAL EQUIPMENT LIST PLANNED
FOR USE IN TRAINING, ALSO INDICATE STATION STOCK OR PROJECT
CHARGE CITED FOR ISSUE AT CONCLUSION OF TRAINING.

END OF MESSAGE

TSG COMMENT: *REW REQUESTS PERMISSION TO TRAIN SURVEILLANCE TEAM AND ISSUE EQUIPMENT.

CI/OPS Mr. Overjoy (by phone x-7173)

WE/Mexico Miss Bustos (by phone x-6110)

ESTATE OF DR. JAMES M. DODD,
WILLIAMSBURG, VA.

COORDINATING OFFICE

~~SECRET~~

GROUP 3:
Extracted from automatically
downgrading and
downvoting

CHARLES J. RYAN
ASST. SECY. OA.

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